



## Section: General Billing Information

## 1.8 Mississippi Division of Medicaid Benefits and Limitations

The following services are covered under the Mississippi Medicaid Program. The definition, scope, duration, and policies are located in the appropriate sections of the Provider Policy Manual. Be reminded that service limits may change, so always refer to the Policy Manual or information provided through the web portal. Where items of service are limited to a fiscal year, reference is to the annual period of July 1 through June 30. For waiver benefits, refer to the appropriate waiver section.

Benefit	Limitation	Prior Authorization
Ambulatory Surgical Center services		No
Chiropractic services	\$700 maximum per fiscal year	No
Christian Science Sanatoria services		
Therapeutic and Evaluative Mental Health Services for Children	Refer to section 21.15 in the Provider Policy Manual	Yes, for evaluations or to exceed the Service standard
Community Mental Health Center (CMHC) Services	Refer to section 15.30 in the Provider Policy Manual	No
Dental services Children <ul style="list-style-type: none"> <li>• Preventive</li> <li>• Diagnostic</li> <li>• Restorative</li> <li>• Orthodontia</li> </ul> Adults <ul style="list-style-type: none"> <li>• Emergency pain relief</li> <li>• Palliative care</li> </ul>	Dental \$2,500 maximum per fiscal year- adults and children; additional benefits if prior authorized Orthodontia \$4,200 maximum per lifetime per child.	If applicable -See Dental Policy
Dialysis (freestanding or hospital-based) Center services		No
Durable Medical Equipment	Refer to section 10 in the Provider Policy Manual	Yes
Emergency Ambulance services	Prior authorization required for Urgent Air Ambulance (Fixed Wing) only.	Yes
EPSDT	Limited to beneficiaries less than 21 years of age.	No
Expanded EPSDT services	Prior authorization required for services not covered, or any service that exceeds service limits.	Yes

Benefit	Limitation	Prior Authorization
Eyeglasses (Vision)	2 pair per fiscal year for children 1 pair every 5 years for adults	Yes for children after 2 <sup>nd</sup> pair per FY
Family Planning services	Applies to physician office visit limit	No
Federally Qualified Health Center services	Applies to physician office visit limit	No
Health Department services	Applies to physician office visit limit	No
Hearing services	Limited to beneficiaries under 21 years of age	Yes, for hearing aids
Home Health services	25 visits per fiscal year	*Yes <i>*After the 25<sup>th</sup> visit for beneficiaries under 21</i>
Hospice	Limited to a diagnosis of 6 months or less life expectancy as certified by physician.	No
Hospital services <ul style="list-style-type: none"> <li>• Inpatient days</li> <li>• Outpatient ER visits</li> <li>• Swing Bed services</li> </ul>	30 days per fiscal year 6 visits per fiscal year	Yes No Yes
ICF/ MR services	Therapeutic Leave days limited to 90 days per fiscal year	No
Inpatient psychiatric services	Limited to beneficiaries under 21 years of age	Yes
Laboratory and X-Ray services		No
Medical Supplies	Refer to section 10 in the Provider Policy Manual	*Yes <i>*Diapers/Underpads Only</i>
Non-emergency transportation services	Limited to Medicaid covered services only. Excluded if services limits have been exceeded. Excluded if beneficiary has transportation resources.	Yes
Nurse Practitioner services	Applies to physician office visit limit	No
Nursing facility services	Therapeutic Leave days limited to 58 days per fiscal year.	
Orthotics & Prosthetics	Limited to beneficiaries under 21 years of age	Yes
Outpatient PT, OT, ST		Yes
Pediatric skilled nursing (Private Duty Nursing) services	Limited to beneficiaries under 21 years of age	Yes
Perinatal High Risk Management services		
Pharmacy Disease Management Services	12 visits per fiscal year	No

Benefit	Limitation	Prior Authorization
Physician Assistant services	Applies to physician office visit limit	No
Physician services <ul style="list-style-type: none"> <li>• Office &amp; ER visits</li> <li>• Psychiatry</li> <li>• Hospital inpatient visits</li> <li>• Long-term care visits</li> </ul>	12 per fiscal year 12 per fiscal year 30 per fiscal year 36 per fiscal year	No No No No
Podiatrist services	Applies to physician office visit limit	No
Prescription drugs	5 per month with no more than 2 of the 5 being brand name drugs; beneficiaries under 21 can receive more than the monthly limits with a medical necessity PA.	Yes – for beneficiaries under 21 that require more than 5 prescriptions per month
Psychiatric Residential Treatment Facility (PRTF) services	Limited to beneficiaries under 21	Yes
Psychiatry services	12 per fiscal year; can be exceeded for beneficiaries under 21 with PA	Yes – for beneficiaries under 21 who require more than 12 visits
Rural Health Clinic services	Applies to physician office visit limit	No
Targeted Case Management services for children with special needs		

**Refer to Section 1.10 in the Provider Policy Manual for information on obtaining prior authorizations from the UM/QIO.**